## **Grandmothers Group**





## Registration Form

Please note, you can also register your group online at www.grandmotherscampaign.org.

Group Name:				
City (where your group is based):		F	Province/State:	
Primary Contact:	Alternate Co	ntact:		
Email:	Email:			
Phone:	Phone:			
Address:	Address:			
·				
Group Description (200 words or less):				
Is your group open to new members?		☐ Yes	□ No	
How many members are currently in your group?				
Can we share your contact information with other groups and potential new members?		☐ Yes	□ No	
Can we post your contact information on our website?		☐ Yes	□ No	
If yes, please provide the contact information you would like us to share:				
Name: Pho	ne:			
Email:				

Please see reverse for group membership list.

Membership List

Please provide the names and contact information of all of your group members. As additional members join, please email us your updated membership lists to campaign@stephenlewisfoundation.org. Feel free to use extra forms if needed.

Name	Email	Phone	Mailing Address